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TO: Commissioner of PatentsFAX NO.: 703-872-9306FROM: Kin-Wah TongDATE: July 6, 2004MATTER: Serial No. 09/594,288 Filed: June 15, 2000DOCKET NO.: ATT/1999-0221AAPPLICANT: CHAN, et al

The following has been received in the U.S. Patent and Trademark Office on the date of this facsimile:

<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Transmittal Letter
<input type="checkbox"/> Disclosure Statement & PTO-1449	<input checked="" type="checkbox"/> Fee Transmittal (2 copies)
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<input checked="" type="checkbox"/> Extension Petition-One month (2 copies)	<input checked="" type="checkbox"/> Facsimile Transmission Certificate
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Michael Bentley July 6, 2004
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PTO/SB/21 (08-03)

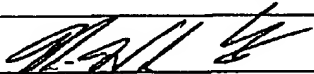
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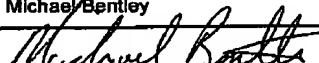
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/594,288
	Filing Date	June 15, 2000
	First Named Inventor	Chan et al.
	Group Art Unit	2667
	Examiner Name	K. Yao
Total Number of Pages in This Submission	Attorney Docket Number	ATT/1999-0221A

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <p style="text-align: center;">Facsimile Transmission</p>
Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Kin-Wah Tong, Esq., Reg. No. 39,400	
Signature		
Date	July 6, 2004	

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
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Signature		Date	July 6, 2004

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PTO/SB/17 (10-03)

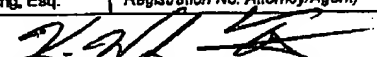
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FEE TRANSMITTAL for FY 2004 <i>Effective 10/01/2003. Patent fees are subject to annual revision.</i>		Complete if Known		
		Application Number	09/584,288	
<input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27		Filing Date	June 15, 2000	
		First Named Inventor	Chan et al.	
		Examiner Name	K. Yao	
		Group / Art Unit	2867	
TOTAL AMOUNT OF PAYMENT	(\$)	110	Attorney Docket No.	ATT/1999-0221A

METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 20-0782 Deposit Account Name: Moser, Patterson & Sheridan, LLP The Director is authorized to: (Check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account		FEE CALCULATION (continued) 3. ADDITIONAL FEES																																																																																																																																																																																																																																											
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1204	88	2204	43	** Reissue independent claims over original patent																																																																																																																																																																																																																																									
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**or number previously paid, if greater; For Reissues, see above

SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	Ken-Wah Tong, Esq.	Registration No. Attorney/Agent	39,400	Telephone	732-530-8404
Signature				Date	July 6, 2004

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